

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09745627

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 = *	6
INDEPENDENT CLAIMS	5 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=	54.00	OR	X\$18=	
X40=	80.00	OR	X80=	
+135=		OR	+270=	
TOTAL	489.00	OR	TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09745627

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	-
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>			<u>355.00</u>		-
Total Claims >20	<u>203/103</u>	<u>26</u>	-20 =	<u>6</u>	x 9 =	<u>54.00</u>
Independent Claims >3	<u>202/102</u>	<u>5</u>	-3 =	<u>2</u>	x 40 =	<u>80.00</u>
Mult. Dep Claim Present	<u>204/104</u>					-
Surcharge	<u>205/105</u>			<u>65.00</u>		-
English Translation	<u>139</u>					-

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 554.00

Less Filing Fees Submitted - \$

BALANCE DUE = \$ 554.00

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